

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008387

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2214** STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 3 Hrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS (If outside, give location) 365 Hoffmeister	

3. NAME OF DECEASED (Type or print) First Glen Middle D. Last Bryant			4. DATE OF DEATH Month February Day 25 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-24-1936	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman & Laboratory Technician	10b. KIND OF BUSINESS OR INDUSTRY Century Elect Co.	11. BIRTHPLACE (City and state or country) Winfield, Mo.	12. CITIZEN OF WHAT COUNTRY U S A
---	---	--	---

13a. FATHER'S NAME Wm. G. Bryant	13b. MOTHER'S MAIDEN NAME Dessie Kimberly	14. NAME OF HUSBAND OR WIFE Mary Jane
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Mary Jane Bryant Address 365 Hoffmeister Ave.
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myelogenous leukemia CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), stating the underlying cause last. DUE TO (b) 204.3 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 mos
--	--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION [REDACTED] COUNTY [REDACTED] STATE [REDACTED]
--	--	--	--

21. I attended the deceased from Jan 1, 1963 to Feb 25, 1963 and last saw him alive on Feb 25, 1963 Death occurred at 7.05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE Leroy F. Ortmeier MD (Degree or title)	22b. ADDRESS 2623 Telegraph Rd.	22c. DATE SIGNED 2/26/63
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL Removal (Specify)	23b. DATE 3-1-1963	23c. NAME OF CEMETERY OR CREMATORY mt. Olive	23d. LOCATION (City, town, or county) St. Louis Co., Mo (State)
---	------------------------------	--	---

24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries ADDRESS 7814 S. Broadway	25. DATE RECD. BY LOCAL REG. FEB 27 1963	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
--	--	--

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1
2 40003
3
4 0
5 1
6
7 0
8 2
9
10
11
12 73-0
13

USE BLACK INK
OR
TYPEWRITER RIBBON

73

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Pennehy

Licensed Embalmer No. 4194

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

At Henry O'Leary, on 26-23 Daley, 1900
117-6910 1500-3500
3-8-30 1000-1000
Muel Embale